

CLAIMS ONLY

SERIAL NO. 09/48990
 APPLICANT(S) _____

FILING DATE _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | |
| 2 | 1 | | | | | |
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| 10 | | | | | | |
| 11 | 1 | | 1 | | | |
| 12 | | | | | | |
| 13 | | 2 | | | | |
| 14 | | 2 | | | | |
| 15 | 1 | | | | | |
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| 50 | 1 | | | | | |
| TOTAL IND. | 4 | | 2 | | | |
| TOTAL DEP. | 30 | | 0 | | | |
| TOTAL CLAIMS | 34 | | 2 | | | |

| | * IND. | | * DEP. | | * IND. | | * DEP. | |
|-----------------|-----------|------|-----------|------|-----------|------|-----------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 100 | | | | | | | | |
| TOTAL IND. | 4 | | | | | | | |
| TOTAL DEP. | 30 | | | | | | | |
| TOTAL CLAIMS | 34 | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS